

(Company return address box)

Company contact telephone number (\_\_\_\_) \_\_\_\_\_

Appoint ☐

Terminate ☐

SSN or FEIN	NP # National Producer Number	State Specific Producer Number	Producer Name	License Type	Line(s) of Authority	County (FL Only)	NAIC #	State Specific Company Number	Effective Date	C

Entries on the form must be either all appointments or all terminations

NAIC # - Use NAIC-issued 5-digit company number

Effective Date – Use mm/dd/yyyy format

C - Mark this column only if the termination is “for cause.” A termination is “for cause” when an insurer ends its agency relationship with a producer for one of the reasons specified in this state’s licensing regulations. Additional written documentation must be submitted to the Insurance Department in accordance with the requirements of (insert appropriate citation to the state statutory provision based on NAIC Producer Licensing Model Act Section 15)